# Case Review & Performance Tracking Worksheet

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrived By: Private Vehicle Ambulance Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Tracking

|  |  |  |
| --- | --- | --- |
| Pre-hospital | Time | Elapsed Time |
| EMS Dispatched |  |  |
| EMS En Route |  |  |
| EMS Arrive Scene |  |  |
| EMS Leave Scene |  |  |

|  |  |  |
| --- | --- | --- |
| Patient Arrival Time: : | | Time | Elapsed Time |
| TTA Activated |  |  |
| ED Physician/Provider Called |  |  |
| ED Physician/Provider Arrival |  |  |
| Surgeon Called |  |  |
| Surgeon Arrived |  |  |
| Decision to Transfer |  |  |
| Transfer Ordered |  |  |
| Transfer Accepted |  |  |
| X-ray |  |  |
| CT |  |  |
| Lab |  |  |
| Imaging Report Received |  |  |
| Transferred/Admitted |  |  |
| Surgeon Consulted |  |  |

Performance Measures

| TTA Transfer Admit Death | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| Emergency department provider off-site |  |  |  |
| Emergency department provider off-site and arrived within 30 minutes of patient's arrival minutes |  |  |  |
|  | | | |
| Trauma team activation criteria met |  |  |  |
| Trauma team criteria met and team activated |  |  |  |
|  | | | |
| Transferred and physiological TTA criterion met **Time Criterion Met** : | |  |  |  |
| Transferred, physiological criterion met, and transportation ordered within 30 minutes of patient's arrival/time of discovery **Time Ordered** : | |  |  |  |
|  | | | |
| Sustained GCS ≤8 |  |  |  |
| Sustained GCS ≤8 and airway successfully secured |  |  |  |
|  | | | |
| 10.2 admitting conditions and admitted? |  |  |  |
| 10.2 admitting condition, admitted and general surgeon at bedside within 18 hours **Date/Time of Bedside Consult** : **Elapsed Time** : | |  |  |  |

Review of Care

*Review care against industry standards such as ATLS, CALS, TNCC, and RTTDC.*

| Trauma Program Coordinator | Issues Identified/Comments:  (clinical care, care process, timelines)  Review of In-patient Care:  N/A  See Inpatient Care Review Form  No Improvement Opportunities Identified  Refer to TMD | |
| --- | --- | --- |
| Signature: | Date: |
| Trauma Medical Director | Issues Identified/Comments:  (clinical care, care process, timelines)  Follow-Up Needed:  No Improvement Opportunities Identified  Refer to Committee | |
| Signature: | Date: |

## Investigative Notes (Follow-up activities not documented on a PI Tracking Worksheet)

| Follow-up Activities | Discuss at Tertiary Case Review (see meeting minutes)  Meeting Date:  Follow-up Activities (w/ dates)**:**  **See PI Tracking Form(s) For:**  Off Site ED provider response time > 30 minutes  TTA criteria met and team not activated  Transferred, physiological criterion met, and transportation NOT ordered within 30 minutes of patient's arrival/time of discovery  Sustained GCS ≤8 and airway not successfully secured  10.2 admitting condition and general surgeon at bedside within 18 hours  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| --- | --- | --- |
| No further action needed | Date: |
| Signature: | |